

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

COMMUNITY ONCOLOGY ALLIANCE PAC

ADDRESS (number and street)

100 N. Humphreys Blvd

☐ Check if different than previously reported. (ACC)

Memphis

TN

38120

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00383976

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2013

through

M M M / D D D / Y Y Y Y Y Y
06 30 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Patrick W Cobb

Signature of Treasurer

Mr. Patrick W Cobb

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 15 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

COMMUNITY ONCOLOGY ALLIANCE PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		8737.87
(b) Cash on Hand at Beginning of Reporting Period.....	25227.25	
(c) Total Receipts (from Line 19)	63450.00	85400.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	88677.25	94137.87
7. Total Disbursements (from Line 31)	13602.75	19063.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	75074.50	75074.50
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

COMMUNITY ONCOLOGY ALLIANCE PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	3

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	63350.00	85100.00
(ii) Unitemized	100.00	300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	63450.00	85400.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	63450.00	85400.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	63450.00	85400.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	63450.00	85400.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1102.75	1286.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1102.75	1286.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	17776.67
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13602.75	19063.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13602.75	19063.37

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	63450.00	85400.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	63450.00	85400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1102.75	1286.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1102.75	1286.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 34
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Mohammed Abduel-Haija

Mailing Address 2743 1 St U#2206

City

Fort Meyers

State

FL

Zip Code

33916

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician or Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2013

Transaction ID : SA11AI.5567

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Syed Ahmed

Mailing Address 4420 Sun'n Lake Road

City

Sebring

State

FL

Zip Code

33872

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2013

Transaction ID : SA11AI.5569

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Rand W Altemmose

Mailing Address 4906 W Bay Way Place

City

Tampa

State

FL

Zip Code

33629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2013

Transaction ID : SA11AI.5571

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Roy Ambinder

Mailing Address 240 Trismen Terrace

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2013

Transaction ID : SA11AI.5572

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jameel Audeh

Mailing Address 1600 Pine Bay Drive

City

Sarasota

State

FL

Zip Code

34231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2013

Transaction ID : SA11AI.5573

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jorge Ayub

Mailing Address 5617 West Shore Drive

City

New Port Richey

State

FL

Zip Code

34652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician or Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 22 / 2013

Transaction ID : SA11AI.5574

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 34
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Max Bazan

Mailing Address 13321 Ponderosa Way

City State Zip Code
 Fort Kyers FL 33907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician or Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 18 / 2013

Transaction ID : SA11AI.5576

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Brian Berry

Mailing Address 1715 Palma Sola

City State Zip Code
 Bradenton FL 34209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 11 / 2013

Transaction ID : SA11AI.5578

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Andres Bhatia

Mailing Address 4313 102nd Terrace

City State Zip Code
 Gainesville FL 32608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self

Physician or Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 11 / 2013

Transaction ID : SA11AI.5579

Amount of Each Receipt this Period

500.00

Contributions

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Rafael Blanco

Mailing Address PO Box 22937

City State Zip Code
Tampa FL 33622

FEC ID number of contributing federal political committee.

C

Name of Employer
selfOccupation
physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2013

Transaction ID : SA11AI.5581

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Joseph S Cirrone

Mailing Address 22 LedgeWood Circle

City State Zip Code
West Setauket NY 11733

FEC ID number of contributing federal political committee.

C

Name of Employer
selfOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2013

Transaction ID : SA11AI.5583

Amount of Each Receipt this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

c. Julia Cogburn

Mailing Address 2903 W Coachman Avenue

City State Zip Code
Tampa FL 33611

FEC ID number of contributing federal political committee.

C

Name of Employer
selfOccupation
physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2013

Transaction ID : SA11AI.5584

Amount of Each Receipt this Period

500.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

3000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. James Commers

Mailing Address 1111 S. 80th St

City State Zip Code
 Omaha NE 68124

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Hematology & Oncology Consulta

Occupation
 Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 22 / 2013

Transaction ID : SA11AI.5586

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

B. Noshir DaCosta

Mailing Address 9 Dorm Court

City State Zip Code
 Setauket NY 11733

FEC ID number of contributing
federal political committee.

C

Name of Employer
 self

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 18 / 2013

Transaction ID : SA11AI.5587

Amount of Each Receipt this Period

2000.00

contribution

Full Name (Last, First, Middle Initial)

C. Michael Diaz

Mailing Address 1912 Iowa Avenue NE

City State Zip Code
 St Petersburg FL 33703

FEC ID number of contributing
federal political committee.

C

Name of Employer
 self

Occupation
 physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 11 / 2013

Transaction ID : SA11AI.5588

Amount of Each Receipt this Period

1000.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Scott Dunbar

Mailing Address 89 East North Shore Avenue

City State Zip Code
 North Fort Myers FL 33917

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 18 / 2013

Transaction ID : SA11AI.5590

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. David A. Eagle

Mailing Address 19017 Peninsula Point Dr

City State Zip Code
 Cornelius NC 28031-7601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Norman Hem/Onc Specialist

Occupation
Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 08 / 2013

Transaction ID : SA11AI.5592

Amount of Each Receipt this Period

2000.00

contribution

Full Name (Last, First, Middle Initial)

C. Thomas J Ervine

Mailing Address PO Box 1266

City State Zip Code
 Boca Grande FL 33921

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 08 / 2013

Transaction ID : SA11AI.5593

Amount of Each Receipt this Period

500.00

Contributions

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. RabiH Fahad

Mailing Address 301 N 33rd Street, Unit B

City State Zip Code
 Norfolk NE 68701

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 22 / 2013

Transaction ID : SA11AI.5594

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

B. Matthew A Fink

Mailing Address 10804 Tradition Loop

City State Zip Code
 Tampa FL 33618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 18 / 2013

Transaction ID : SA11AI.5596

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

c. Nashat Gabrail

Mailing Address 4875 Higbee Avenue

City State Zip Code
 Canton OH 44718

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 08 / 2013

Transaction ID : SA11AI.5597

Amount of Each Receipt this Period

500.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 34
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Larry Gandle

Mailing Address 15705 Richboro Court

City	State	Zip Code
Tampa	FL	33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2013

Transaction ID : SA11AI.5599

Amount of Each Receipt this Period

500.00

contributions

Full Name (Last, First, Middle Initial)

B. Duran Gerardo

Mailing Address 9108 Bayward Court

City	State	Zip Code
Orlando	FL	32819

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2013

Transaction ID : SA11AI.5601

Amount of Each Receipt this Period

600.00

contribution

Full Name (Last, First, Middle Initial)

c. Shelly Glenn

Mailing Address 13206 Lost Key Place

City	State	Zip Code
Lakewood Ranch	FL	34202

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2013

Transaction ID : SA11AI.5603

Amount of Each Receipt this Period

500.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

1600.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Dr. Bruce Gould

Mailing Address 766 Tate Overlook

City State Zip Code
 Marietta GA 30064

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 13 / 2013

Transaction ID : SA11AI.5605

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

B. Ralph Gousse

Mailing Address 3145 Cecilia Drive

City State Zip Code
 Apopka FL 32703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 08 / 2013

Transaction ID : SA11AI.5606

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

C. Vivian Griffin

Mailing Address 120 S Hale Avenue

City State Zip Code
 Tampa FL 33609

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 18 / 2013

Transaction ID : SA11AI.5607

Amount of Each Receipt this Period

500.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Joel Grossman

Mailing Address 6690 Bottlebrunch Lane

City State Zip Code
Naples FL 34109

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2013

Transaction ID : SA11AI.5611

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

B. Lowell Hart

Mailing Address 13733 Pine Villa Lane

City State Zip Code
Fort Myers FL 33912

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2013

Transaction ID : SA11AI.5612

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

C. William N Harwin

Mailing Address 14270 Royal Harbour Court

City State Zip Code
Fort Myers FL 33908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2013

Transaction ID : SA11AI.5614

Amount of Each Receipt this Period

500.00

contributions

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 34
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Maen Hussein

Mailing Address 33125 Irongate Drive

City State Zip Code
 Leesburg FL 34788

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 18 / 2013

Transaction ID : SA11AI.5615

Amount of Each Receipt this Period

1000.00

Contributions

Full Name (Last, First, Middle Initial)

B. Regina Jablonski

Mailing Address 8 Davids Way

City State Zip Code
 Port Jefferson NY 11777

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 18 / 2013

Transaction ID : SA11AI.5616

Amount of Each Receipt this Period

2000.00

contribution

Full Name (Last, First, Middle Initial)

C. Nuruddin Jooma

Mailing Address 1573 Coachmakers Lane

City State Zip Code
 Clearwater FL 33765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 18 / 2013

Transaction ID : SA11AI.5617

Amount of Each Receipt this Period

500.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 34
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Mehnaz Junagadhwalla

Mailing Address 420 Everglades Drive

City State Zip Code
 Venice FL 34285

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 18 / 2013

Transaction ID : SA11AI.5618

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

B. Fadi Kayali

Mailing Address 13426 Goldfinch Drive

City State Zip Code
 Lakewood Ranch FL 34202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 18 / 2013

Transaction ID : SA11AI.5627

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

c. Christopher Kellogg

Mailing Address 8749 E Artisan Pass

City State Zip Code
 Scottsdale AZ 85266

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 08 / 2013

Transaction ID : SA11AI.5630

Amount of Each Receipt this Period

5000.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Parvinderjit Khanuja

Mailing Address 8110 N Mohave Road

City State Zip Code
 Paradise Valley AZ 85253

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 08 / 2013

Transaction ID : SA11AI.5632

Amount of Each Receipt this Period

5000.00

contribution

Full Name (Last, First, Middle Initial)

B. Rebecca Kosloff-Korn

Mailing Address 8687 Puslane Drive

City State Zip Code
 Naples FL 34109

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 18 / 2013

Transaction ID : SA11AI.5634

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

C. Kottapurath Kunjumoideen

Mailing Address 224 Glenn Abbey Lane

City State Zip Code
 Debary FL 32713

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 08 / 2013

Transaction ID : SA11AI.5636

Amount of Each Receipt this Period

500.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Li Li

Mailing Address 11272 Lakeland Circle

City State Zip Code
Fort Myers FL 33913

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2013

Transaction ID : SA11AI.5638

Amount of Each Receipt this Period

750.00

contribution

Full Name (Last, First, Middle Initial)

B. William LiPera

Mailing Address 695 Short Beach Road

City State Zip Code
Nissequogue NY 11780

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2013

Transaction ID : SA11AI.5640

Amount of Each Receipt this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Vikas Malhotra

Mailing Address 5351 Championship Cup Lane

City State Zip Code
Brooksville FL 34609

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2013

Transaction ID : SA11AI.5641

Amount of Each Receipt this Period

500.00

contributions

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Dr. Abraham P Matthews

Mailing Address 16122 Bedford Avenue

City

Omaha

State

NE

Zip Code

68116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 22 / 2013

Transaction ID : SA11AI.5643

Amount of Each Receipt this Period

500.00

contributions

Full Name (Last, First, Middle Initial)

B. Michael McCleod

Mailing Address 10070 Magnolia Pointe

City

Ft. Myers

State

FL

Zip Code

33919

FEC ID number of contributing
federal political committee.

C

Name of Employer

FCS

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 18 / 2013

Transaction ID : SA11AI.5644

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

C. Kelly Mentzer

Mailing Address 3311 SE 18th CT

City

Ocala

State

FL

Zip Code

34471

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 18 / 2013

Transaction ID : SA11AI.5645

Amount of Each Receipt this Period

1000.00

contributions

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. David Minor

Mailing Address 24 Norman Way

City State Zip Code
Tiburon CA 94920

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2013

Transaction ID : SA11AI.5647

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

B. Susan Morgan

Mailing Address 3014 Mona Lisa Blvd

City State Zip Code
Naples FL 34119

FEC ID number of contributing
federal political committee.

C

Name of Employer
FCS

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2013

Transaction ID : SA11AI.5650

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

C. Shahid Nawaz

Mailing Address 6 Ellbridge Court

City State Zip Code
S Setauket NY 11720

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2013

Transaction ID : SA11AI.5695

Amount of Each Receipt this Period

2000.00

contributions

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Ryan Olson

Mailing Address 10010 Viason Marco Loop

City State Zip Code
Fort Myers FL 33905

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2013

Transaction ID : SA11AI.5654

Amount of Each Receipt this Period

750.00

contribution

Full Name (Last, First, Middle Initial)

B. Jeffrey L Paonessa

Mailing Address 6112 Kipps Colony Drive W

City State Zip Code
Gulfport FL 33707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2013

Transaction ID : SA11AI.5657

Amount of Each Receipt this Period

500.00

contributions

Full Name (Last, First, Middle Initial)

C. Michael Raymond

Mailing Address 14009 Image Lake Court

City State Zip Code
Fort Myers FL 33907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
MD

FCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2013

Transaction ID : SA11AI.5658

Amount of Each Receipt this Period

500.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Dr. Samer Renno

Mailing Address 1419 N 133rd Street

City State Zip Code
Omaha NE 68154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 22 / 2013

Transaction ID : SA11AI.5659

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

B. Edward Samuel

Mailing Address 12 Salt Meadow Lane

City State Zip Code
Stony Brook NY 11790

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2013

Transaction ID : SA11AI.5660

Amount of Each Receipt this Period

2000.00

contribution

Full Name (Last, First, Middle Initial)

C. Joseph Sennabaum

Mailing Address 98 S Highland Avenue, Unit 1801

City State Zip Code
Tarpon Springs FL 34689

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self

physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2013

Transaction ID : SA11AI.5661

Amount of Each Receipt this Period

500.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Inaganti Shah

Mailing Address 17204 Island Circle

City State Zip Code
 Bennington NE 68007

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 22 / 2013

Transaction ID : SA11AI.5663

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

B. Parul Shah

Mailing Address 2305 Fairway Lane

City State Zip Code
 Sebring FL 33872

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 11 / 2013

Transaction ID : SA11AI.5665

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

C. Ramesh Shah

Mailing Address 3119 Mossvale Lane

City State Zip Code
 Tampa FL 33618

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 13 / 2013

Transaction ID : SA11AI.5667

Amount of Each Receipt this Period

500.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Shah Shalin

Mailing Address 16613 Millan De Avila

City State Zip Code
Tampa FL 33613

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

04 / 11 / 2013

Transaction ID : SA11AI.5669

Amount of Each Receipt this Period

2000.00

contribution

Full Name (Last, First, Middle Initial)

B. Martin Silverstein

Mailing Address 70 Wilmington Drive

City State Zip Code
Melville NY 11747

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

04 / 18 / 2013

Transaction ID : SA11AI.5671

Amount of Each Receipt this Period

2000.00

contribution

Full Name (Last, First, Middle Initial)

C. Daron Street

Mailing Address 2224 E/ 26th Place

City State Zip Code
Tulsa OK 74114

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 11 / 2013

Transaction ID : SA11AI.5746

Amount of Each Receipt this Period

500.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 34
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Thomas E Teufel

Mailing Address 1801 SE 43rd Street

City State Zip Code
 Cape Coral FL 33904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 13 / 2013

Transaction ID : SA11AI.5672

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

B. Michael Theodorakis

Mailing Address 19 Shore Oaks Drive

City State Zip Code
 Stony Brook NY 11790

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 18 / 2013

Transaction ID : SA11AI.5673

Amount of Each Receipt this Period

2000.00

contribution

Full Name (Last, First, Middle Initial)

C. Jeffrey Vacirca

Mailing Address 23 Valentine Road

City State Zip Code
 Shoreham NY 11786

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 18 / 2013

Transaction ID : SA11AI.5674

Amount of Each Receipt this Period

2000.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Joseph D. Verdirame

Mailing Address 17505 Island Circle

City

Bennington

State

NE

Zip Code

68007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Oncologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 22 / 2013

Transaction ID : SA11AI.5676

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

B. Robert Weaver

Mailing Address 3400 W Lawn Avenue

City

Tampa

State

FL

Zip Code

33611

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician or administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2013

Transaction ID : SA11AI.5677

Amount of Each Receipt this Period

1000.00

contributions

Full Name (Last, First, Middle Initial)

C. David Wenik

Mailing Address 2815 W Morrison Avenue

City

Tampa

State

FL

Zip Code

33629

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician or administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2013

Transaction ID : SA11AI.5679

Amount of Each Receipt this Period

500.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Robert Whorf

Mailing Address PO Box 14188

City

Bradenton

State

FL

Zip Code

34280

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2013

Transaction ID : SA11AI.5683

Amount of Each Receipt this Period

250.00

contributions

Full Name (Last, First, Middle Initial)

B. David Wright

Mailing Address 920 Hemingway Circle

City

Tampa

State

FL

Zip Code

33602

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2013

Transaction ID : SA11AI.5684

Amount of Each Receipt this Period

1000.00

contribution

Full Name (Last, First, Middle Initial)

C. Gail Wright

Mailing Address 10832 Alico Pass

City

New Port Richey

State

FL

Zip Code

34655

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician or administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2013

Transaction ID : SA11AI.5690

Amount of Each Receipt this Period

500.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Vance Wright-Browne

Mailing Address 231 Albert Ln

City

Port Charlotte

State

FL

Zip Code

33954

FEC ID number of contributing
federal political committee.

C

Name of Employer

FCS

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2013

Transaction ID : SA11AI.5692

Amount of Each Receipt this Period

500.00

contributions

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

63350.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 34

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Federal Election Commission

Mailing Address 1005 Convention Plaza

City St Louise State MO Zip Code 63101

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 22 / 2013
Transaction ID : SB21B.5704

Amount of Each Disbursement this Period

550.00

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2013
Transaction ID : SB21B.5700

Amount of Each Disbursement this Period

102.40

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 18 / 2013
Transaction ID : SB21B.5703

Amount of Each Disbursement this Period

405.95

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1058.35

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. PayPal

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2013

Mailing Address 12312 Port Grace Blvd

City	State	Zip Code
La Vista	NE	68125

Transaction ID : SB21B.5706Purpose of Disbursement
fee

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

44.40

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

44.40

1102.75

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. SHERROD BROWN

Mailing Address 37905 HERON LN

City	State	Zip Code
AVON LAKE	OH	44011

Purpose of Disbursement
Contribution

011

Candidate Name

OHIO PENNSYLVANIA VICTORY FUNDCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2013

Transaction ID : SB23.5623

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. VERNON BUCHANAN

Mailing Address P. O. BOX 48928

City	State	Zip Code
SARASOTA	FL	34230

Purpose of Disbursement
contribution

011

Candidate Name

VERN BUCHANAN FOR CONGRESSCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2013

Transaction ID : SB23.5730

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. VERNON BUCHANAN

Mailing Address P. O. BOX 48928

City	State	Zip Code
SARASOTA	FL	34230

Purpose of Disbursement
contributions

011

Candidate Name

VERNON BUCHANANCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2013

Transaction ID : SB23.5745

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. RENEE JACISIN ELLMERS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2013

Mailing Address 122 KINGSWAY DR

City	State	Zip Code
DUNN	NC	28334

Transaction ID : SB23.5740Purpose of Disbursement
contributions

010

Amount of Each Disbursement this Period

Candidate Name

RENEE ELLMERS FOR CONGRESS COMMITTEECategory/
Type

1000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 02

Full Name (Last, First, Middle Initial)

B. FRIENDS FOR GREGORY MEEKS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2013

Mailing Address 153-01 JAMAICA AVE. SUITE 535

City	State	Zip Code
JAMAICA	NY	11432

Transaction ID : SB23.5712Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

Candidate Name

GREGORY W MEEKSCategory/
Type

500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 06

Full Name (Last, First, Middle Initial)

C. STEVE J. ISRAEL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2013

Mailing Address STEVE ISRAEL FOR CONGRESS COMMITTEE
P.O. BOX 777

City	State	Zip Code
DEER PARK	NY	11729

Transaction ID : SB23.5736Purpose of Disbursement
contributions

011

Amount of Each Disbursement this Period

Candidate Name

Steve Israel for CongressCategory/
Type

1000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 02

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL J ROGERS

Mailing Address 802 MEADOWLARK LANE

City
HOWELLState
MIZip Code
48843Purpose of Disbursement
contributions

011

Candidate Name

Rogers for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2013

Transaction ID : SB23.5722

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. TIMOTHY SCOTT

Mailing Address 1405 ASHLEY RIVER ROAD

City
CHARLESTONState
SCZip Code
29407Purpose of Disbursement
contributions

011

Candidate Name

TIM SCOTT FOR SENATECategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: SC

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2013

Transaction ID : SB23.5718

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. ED WHITFIELD

Mailing Address 108 ALUMNI AVENUE

City
HOPKINSVILLEState
KYZip Code
42240Purpose of Disbursement
contributions

011

Candidate Name

WHITFIELD FOR CONGRESS COMMITTEECategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2013

Transaction ID : SB23.5723

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

12500.00
